

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10759919  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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50						
TOTAL IND.	3					
TOTAL DEP.	24					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						